MO-HOPE Project

Overdose Education and Naloxone Distribution Training of Trainers

MO-HOPE Project

- The **Missouri Opioid-Heroin Overdose Prevention and Education (MO-HOPE)** Project Mission: to reduce opioid overdose deaths in Missouri through expanded access to naloxone, overdose education, prevention, public awareness, assessment, and referral to treatment, for those at risk of experiencing or witnessing an overdose event

MO-HOPE

Topics covered today:

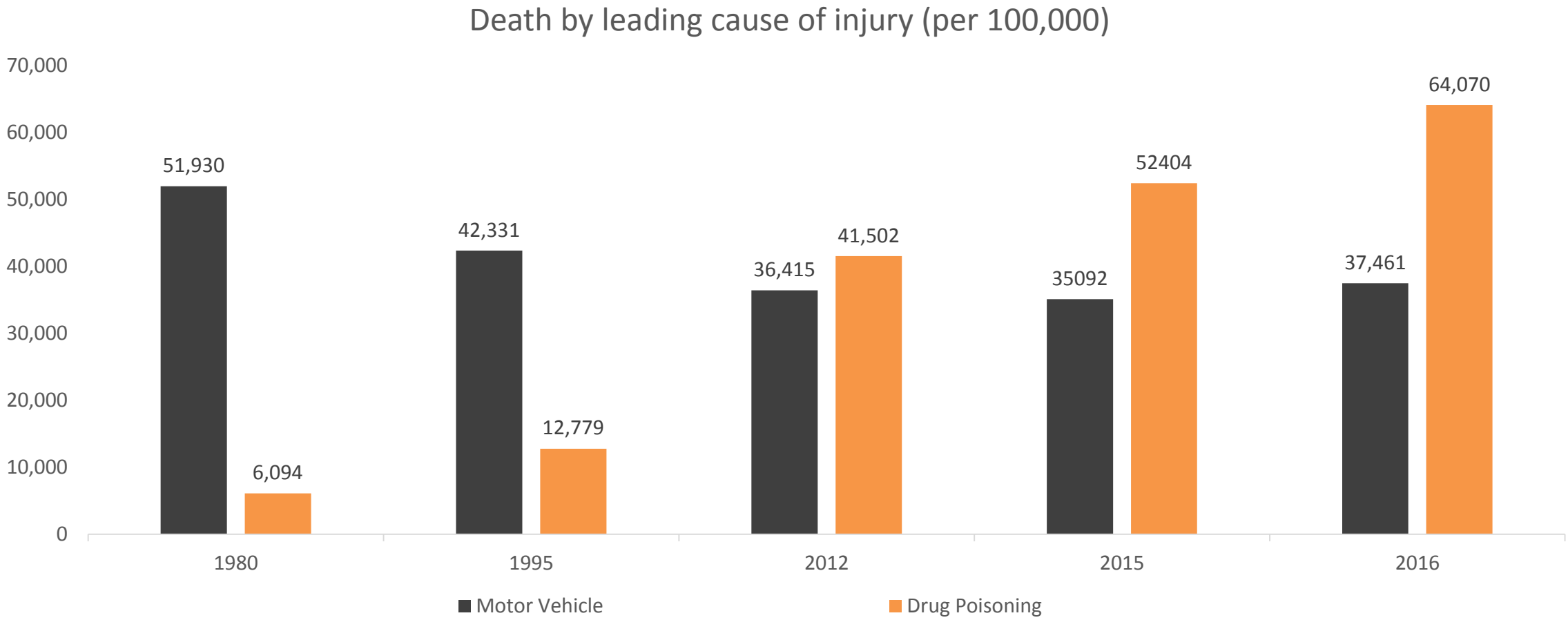
- Opioid Overdose Background
- Delivering Overdose Education

&

Naloxone Distribution training

- MO-HOPE Evaluation Overview

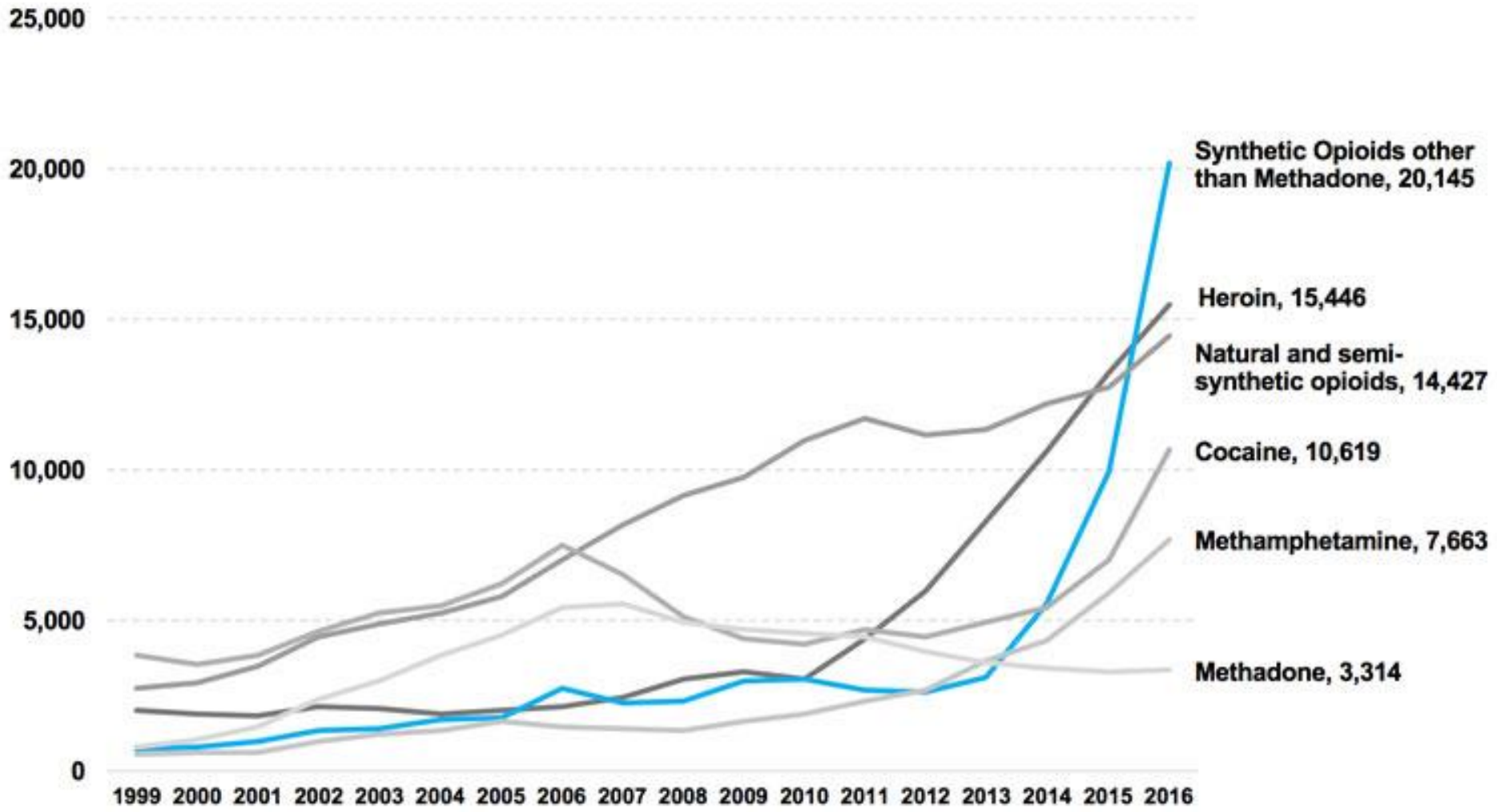
100 people die from drug overdose everyday in the U.S.



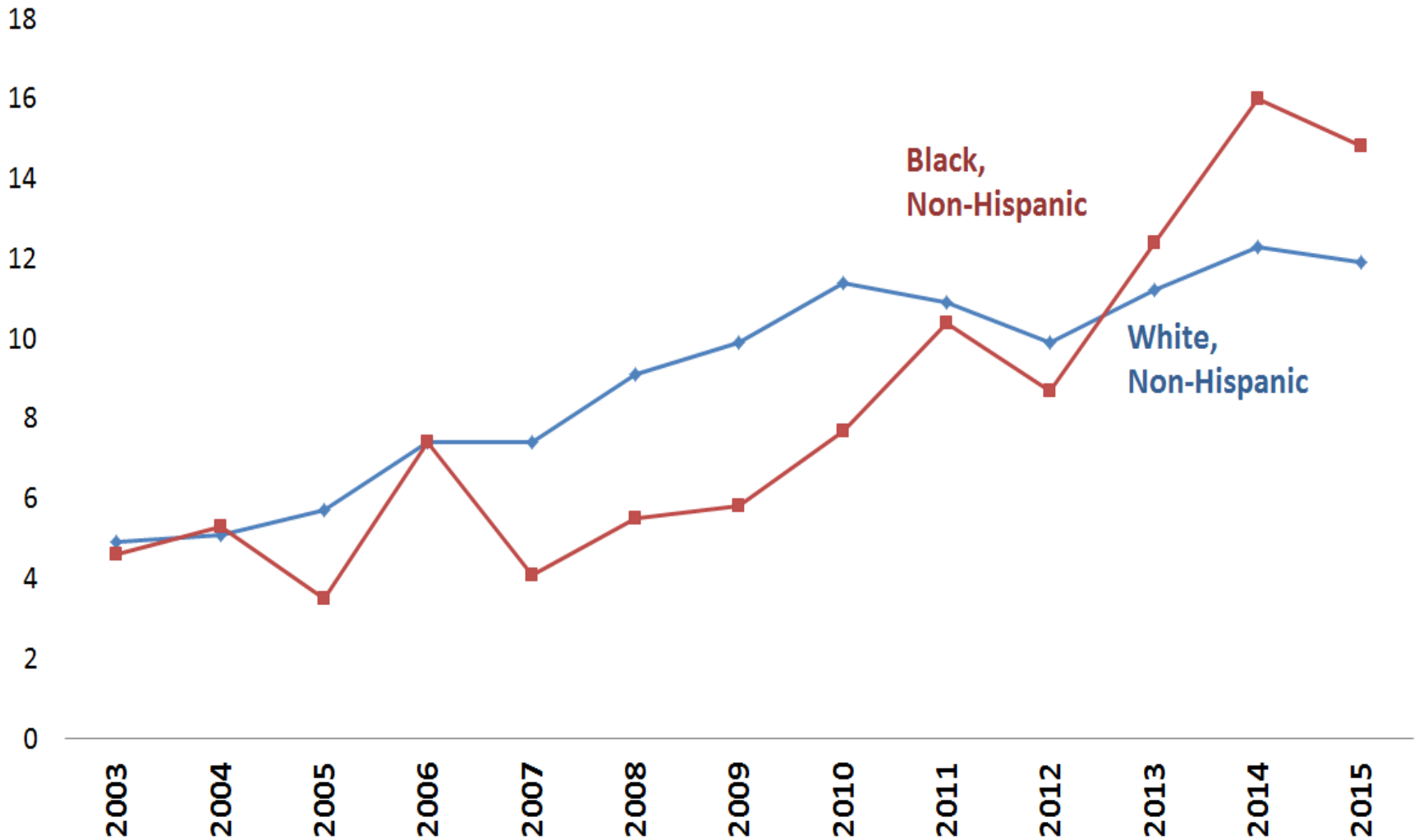
Presribetoprevent.org
ASAM.org nhtsa.gov

MO-HOPE Project

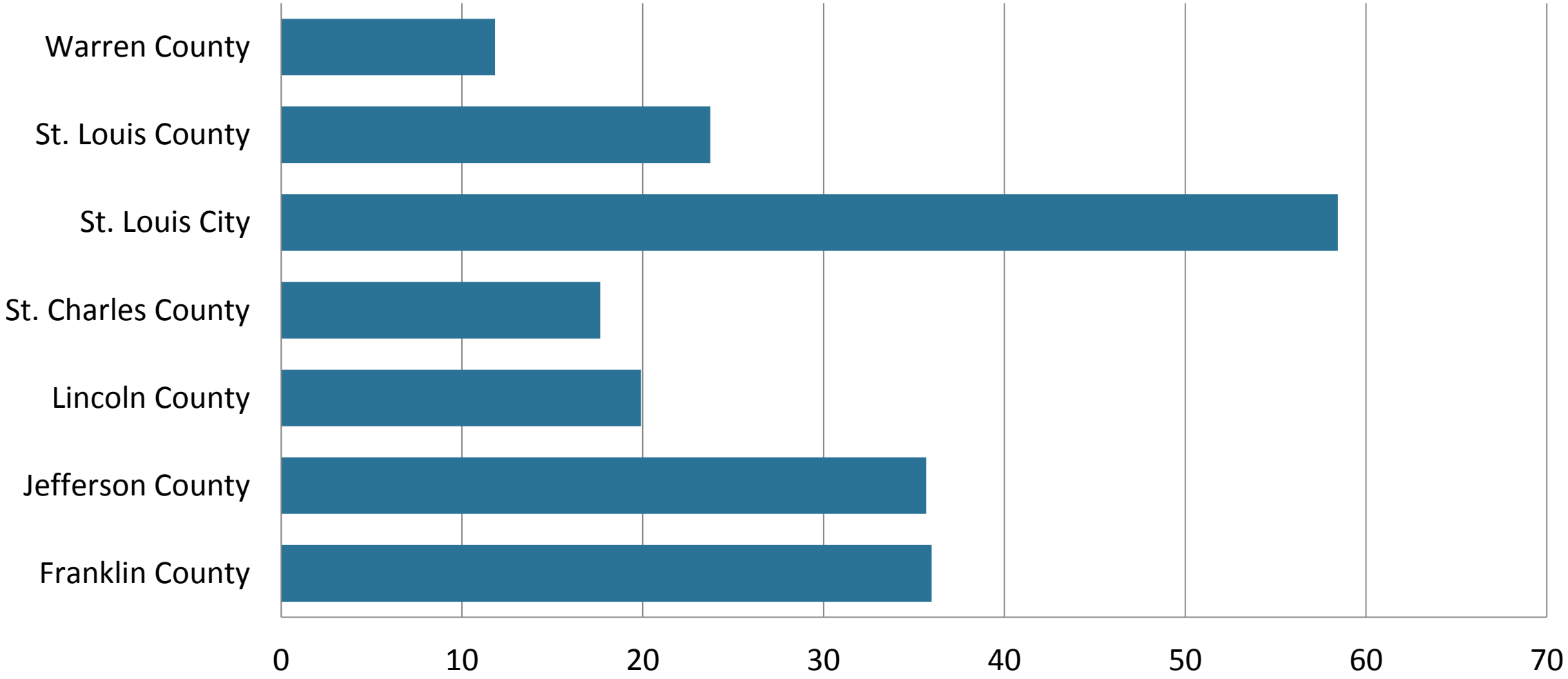
Drugs Involved in U.S. Overdose Deaths, 2000 to 2016



Rates of Opioid Overdose Deaths in Missouri, by Race, Ethnicity



2016 Eastern Region Overdose Rate Adjusted by Population (Per 100,000)



A focus on Heroin and St. Louis

- St. Louis has the 6th highest overdose rates of US cities → driven by heroin and fentanyl, not Rx drugs
- In 2016, St. Louis accounted for 70% of statewide heroin-related deaths

Fentanyl – Myths and Facts

MYTHS	FACTS
▪ Coming in contact with even a small amount of fentanyl can cause an overdose.	▪ Most commonplace contact, such as touching or being in a room with an open bag, is not enough to harm you ▪ Powdered fentanyl does not penetrate the skin easily
▪ There are some forms of fentanyl that are resistant to naloxone.	▪ Naloxone counteracts the effects of all opioids, including all analogues of fentanyl. Since fentanyl is more potent than heroin, more doses of naloxone may be required
▪ There's no problem with first responders being overly cautious around fentanyl.	▪ Being overly cautious can cause unnecessary delays in delivery of care to people who need immediate assistance, which can lead to death

Fentanyl Safety Tips

- If you touch fentanyl, it can be removed from skin with soap and water
  - Alcohol-based products, such as hand sanitizer or wipes, may increase fentanyl absorption
  - Wash your hands soon, but not necessarily immediately
  - Powdered fentanyl does not penetrate the skin very easily but avoid touching lips or eyes

What's being done to address the epidemic

- **Prevention**
  - Prescription drug monitoring
  - Urine drug screens
  - Mental health parity laws
  - Prescribing guidelines
  - Alternative pain treatments
- **Treatment**
  - Expanded access to Medication Assisted Treatment
- **Harm Reduction**
  - Syringe access
  - Safe consumption sites
  - Good Samaritan laws
  - Increased access to overdose education and naloxone

Missouri's State Targeted Response (Opioid STR)

- Prevention, Treatment, & Impact
  - Increasing access to MAT for uninsured individuals
- Recovery Support
- Sustainability & Community
- Visit www.missouriopioidstr.org to learn more (including list of state-funded treatment programs)

Services * Training * Consultation

Missouri Department of Mental Health
University of Missouri-St. Louis-Missouri Institute of Mental Health
& dozens of statewide partners

Naloxone laws in MO

- **House Bill 2040, enacted August 28, 2014**
  - Distribution to first responders
  - First responder administration immunity
- **House Bill 1568, enacted August 28, 2016**
  - Pharmacy availability (without an outside prescription)
  - Pharmacist criminal and civil immunity
  - Third party access/right to possess
  - Any person administering naloxone in good faith and with reasonable care has criminal and civil immunity and is immune from any disciplinary action from his/her professional licensing board
  - Any person or organization acting under a standing order issued by someone who is authorized to prescribe naloxone may store and dispense naloxone if the person does not collect a fee

Missouri's Good Samaritan Law

- (RSMO 195.205) A person who, in good faith, seeks or obtains medical assistance for someone who is experiencing a drug or alcohol overdose or other medical emergency or a person experiencing a drug or alcohol overdose or other medical emergency who seeks medical assistance for himself or herself or is the subject of a good faith request shall not be
  - Arrested
  - Charged
  - Prosecuted
  - Convicted
  - Have property subject to civil asset forfeiture
- If the evidence … was gained as a result of seeking or obtaining medical assistance.

What does immunity cover?

- RSMO 579.015, 579.074, 579.078, 579.105
  - Possession of a controlled substance
  - Possession of paraphernalia
  - Keeping or maintaining a public nuisance
- RSMO 311.310, 311.320, 311.325
  - Alcohol sale to minor
  - Possession of an altered ID
  - Purchase or possession of alcohol by a minor
- Violating a restraining order
- Violating probation or parole

What is NOT covered?

- Outstanding warrants
- “an offense other than an offense under subsection 2 of this section, whether the offense arises from the same circumstances as the seeking of medical assistance. “

Let's practice!

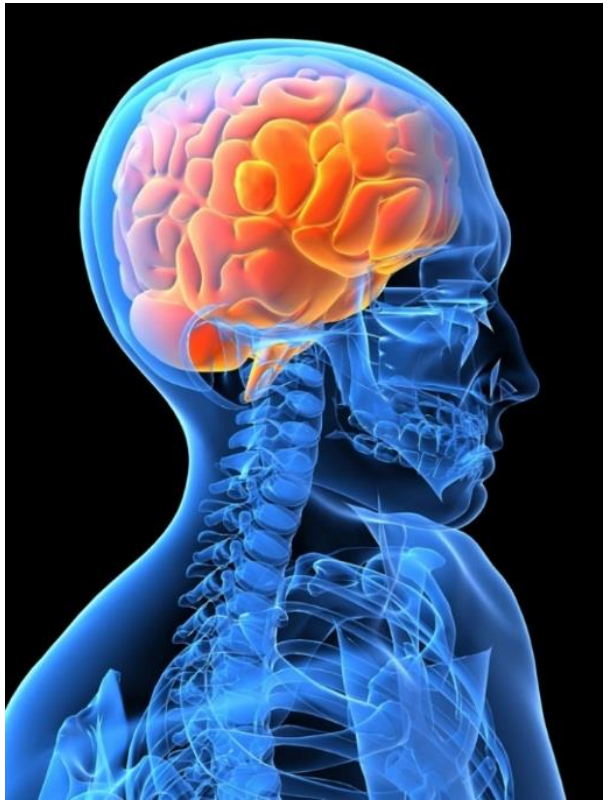
- What's being done to address the epidemic
- Changing legal landscape
  - Naloxone laws that provide ability to carry and immunity
  - Good Samaritan law

Opioid use disorder & the brain

Addiction & substance use disorder

- Preventable
- Treatable
- Recovery

Brain disease



Prognosis

Progression

Symptoms

Risk factors for SUD

- Victims of abuse
- Easy availability
- Poor self concept
- Difficulties coping with stress
- Weak family relationships
- Early experimentation
- Behavior problems
- Genetics

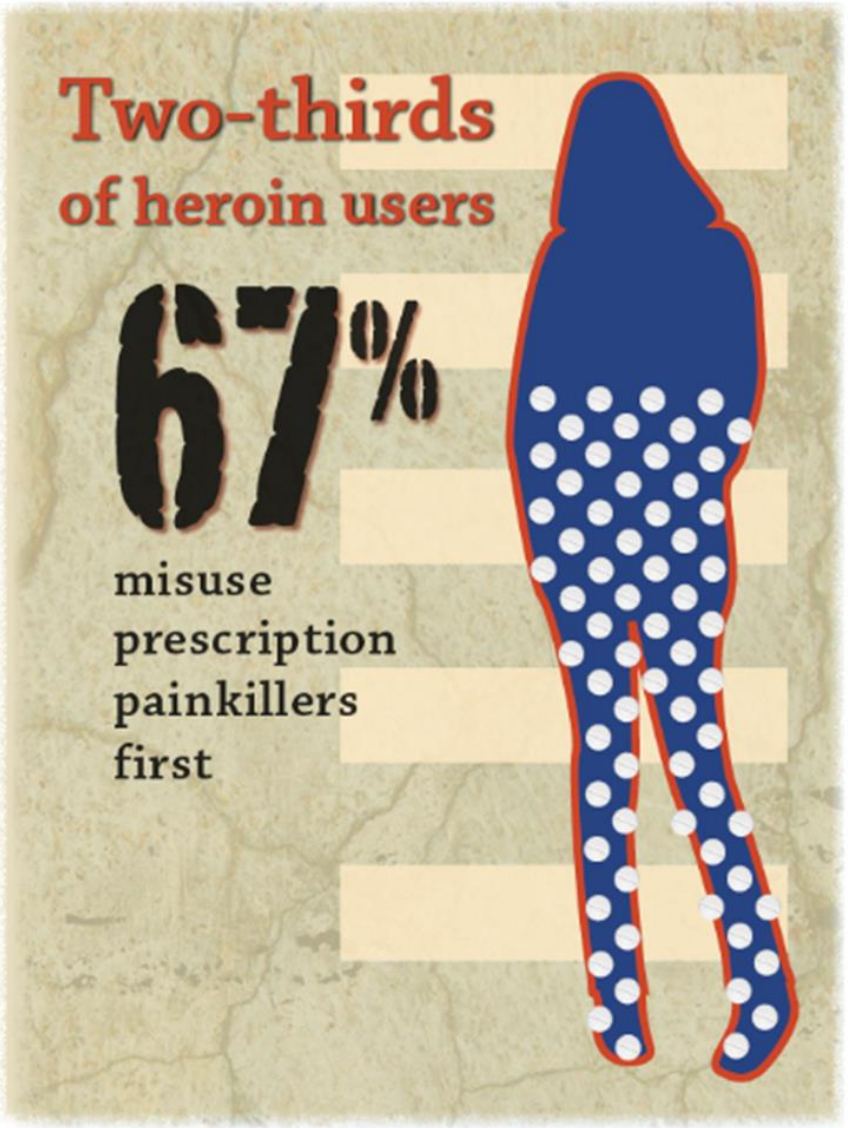
5% of World's Population

80% of World's Opioid Painkillers

99% of World's Vicodin

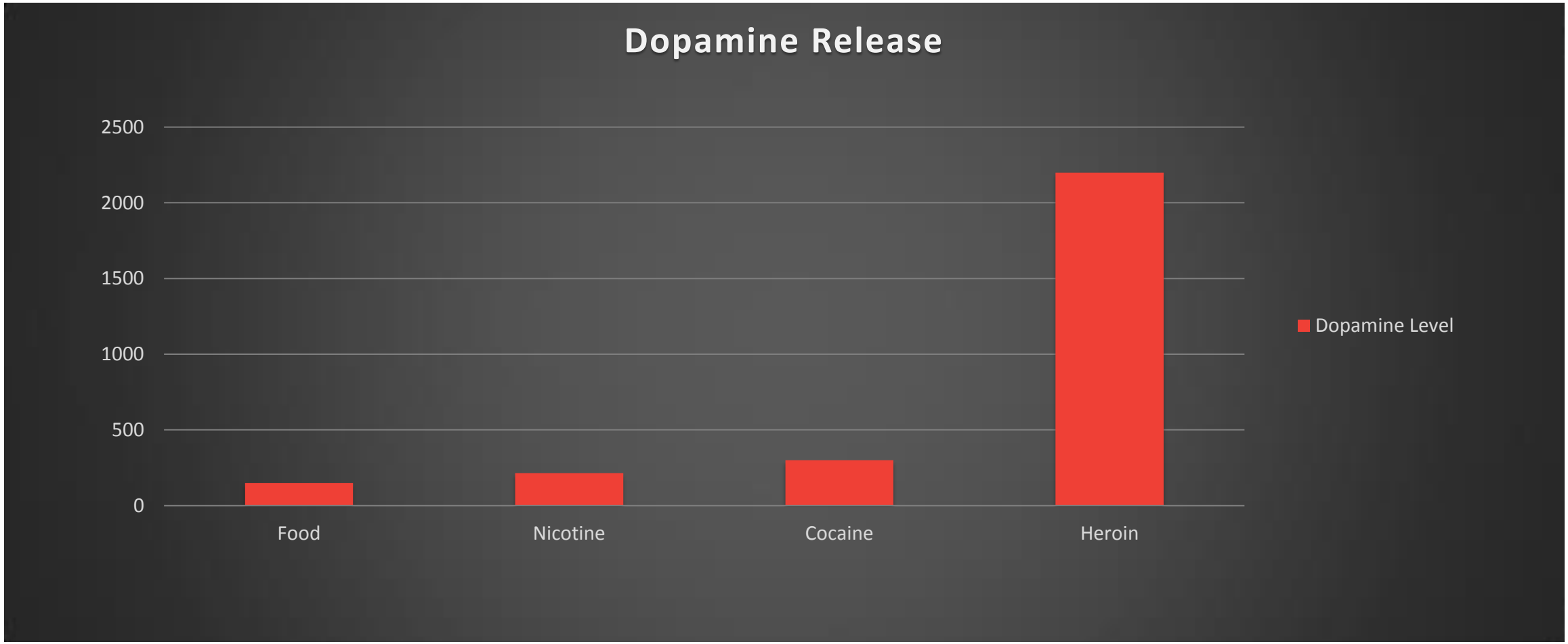
The influence of prescription monitoring programs on chronic pain management, *Pain Physician*, 2009

International Narcotics Control Board Report, 2008

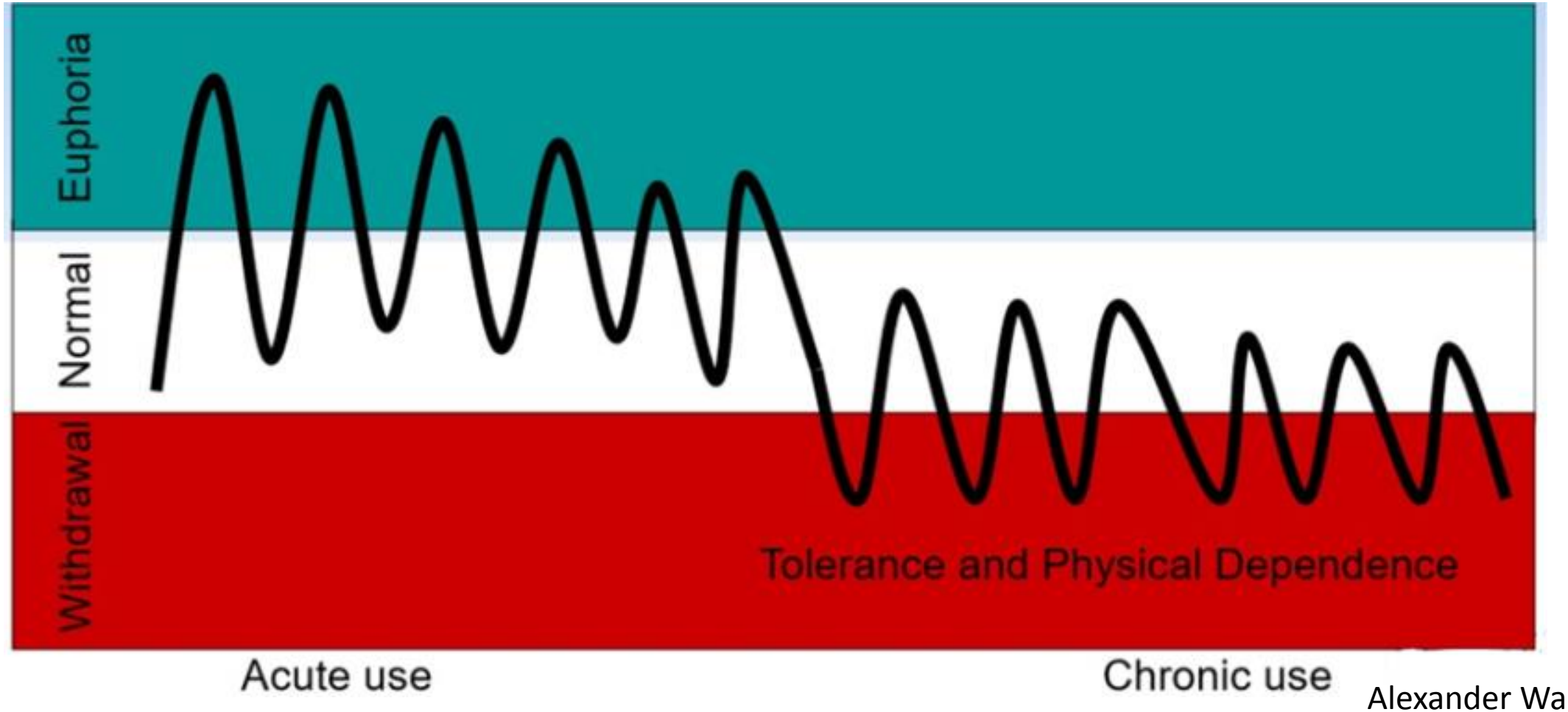


Cicero et al 2017

That's why it feels good!



Why do people use opioids?



Alexander Walley,MD

Medication Assisted Treatment (MAT)

Methadone

Dolophine, Methadose

Methadone activates opioid receptors in the brain, fully replacing the effect of whichever opioid the person is addicted to.

Naltrexone

Vivitrol

Naltrexone binds to opioid receptors in the brain, blocking the effects of opioids.

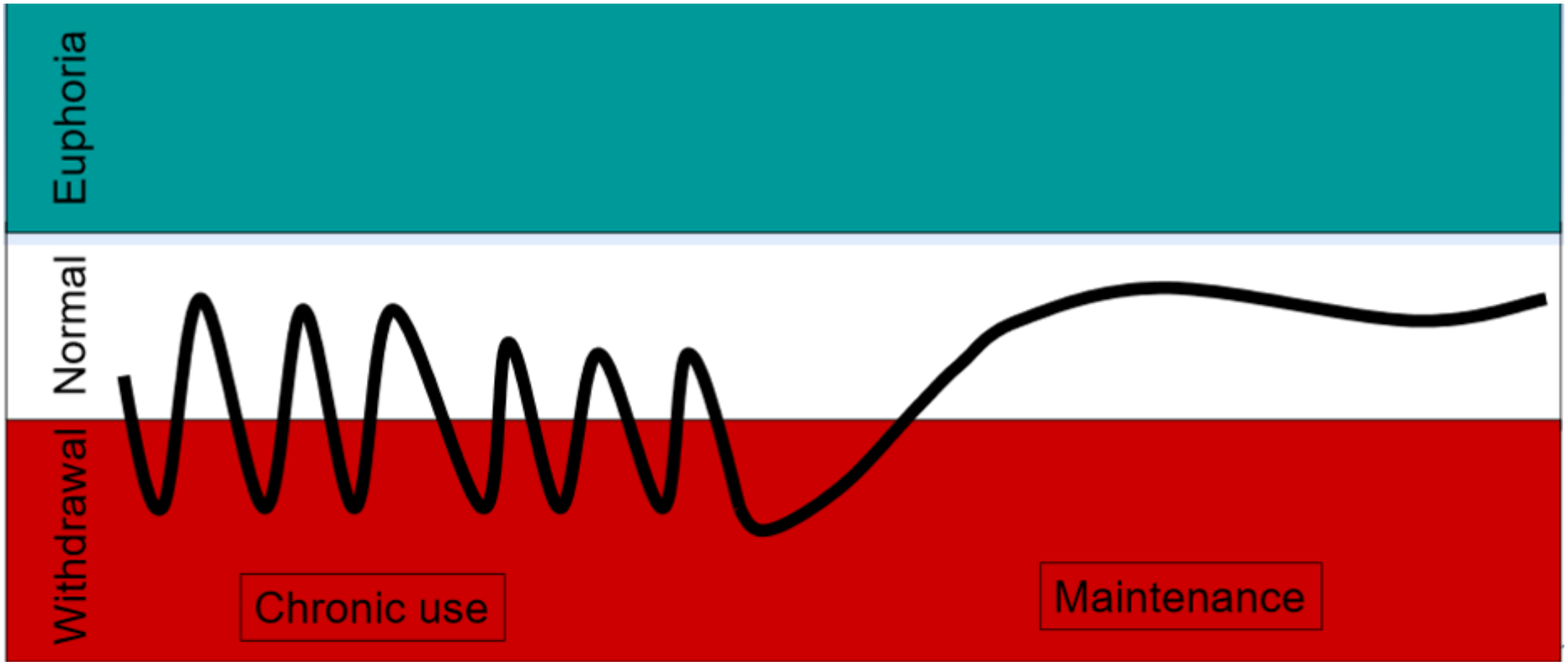
Buprenorphine

Suboxone, Subutex, Probuphine

Buprenorphine activates opioid receptors in the brain, partially replacing the effect of whichever opioid the person is addicted to.

Source: National Institute on Drug Abuse, Pew Charitable Trusts
Credit: Rebecca Hersher and Alyson Hurt/NPR

MAT for opioid dependence



Alexander Walley,MD

Let's Practice!

- Why is substance use disorder a brain disease?
- What are some risk factors for developing a substance use disorder?
- Why does it feel good? Describe dopamine
- How do medications for OUD help?

OEND

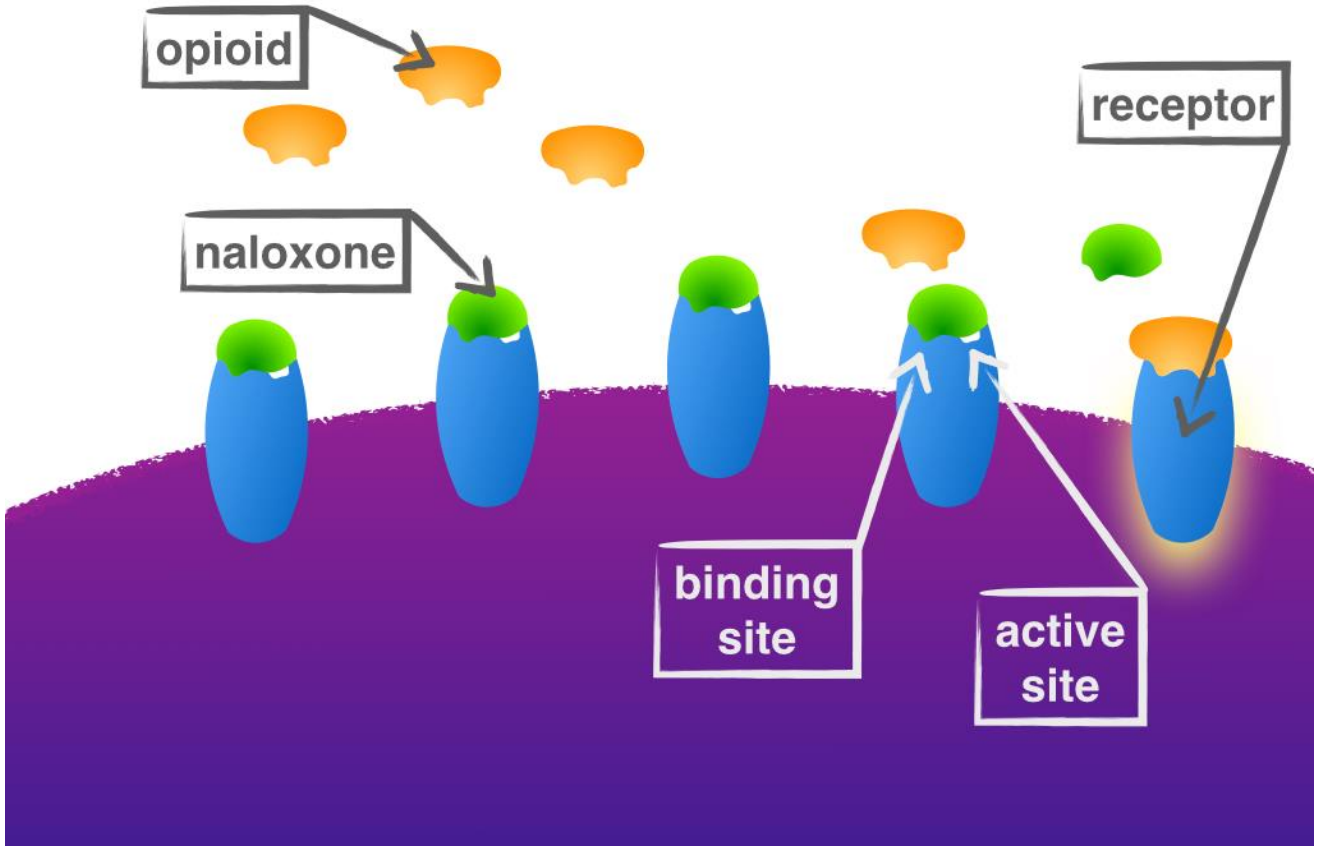
Overdose Education and Naloxone Distribution

MO-HOPE Project

Prescriber's Role – SAMHSA

- "Physicians and other health care providers can make a major contribution toward reducing the toll of opioid overdose through the care they take in prescribing opioid analgesics and monitoring patients' response, as well as through their acuity in identifying and effectively addressing opioid overdose."
- According to NIDA:
  - Roughly 21-29% of patients rx opioids for chronic pain misuse them
  - 8-12% develop an OUD
- Federally funded Continuing Medical Education (CME) courses are available at no charge at http://www.OpioidPrescribing.com

What's naloxone?



- Injectable (intramuscular or IM)
- Autoinjectable
  - EVZIO® is a prefilled to inject naloxone quickly into the outer thigh. Once activated, the device provides verbal instruction to the user describing how to deliver the medication like defibrillators
- Prepackaged Nasal Spray
  - NARCAN® Nasal Spray is a prefilled, needle-free device that requires no assembly and is sprayed into one nostril

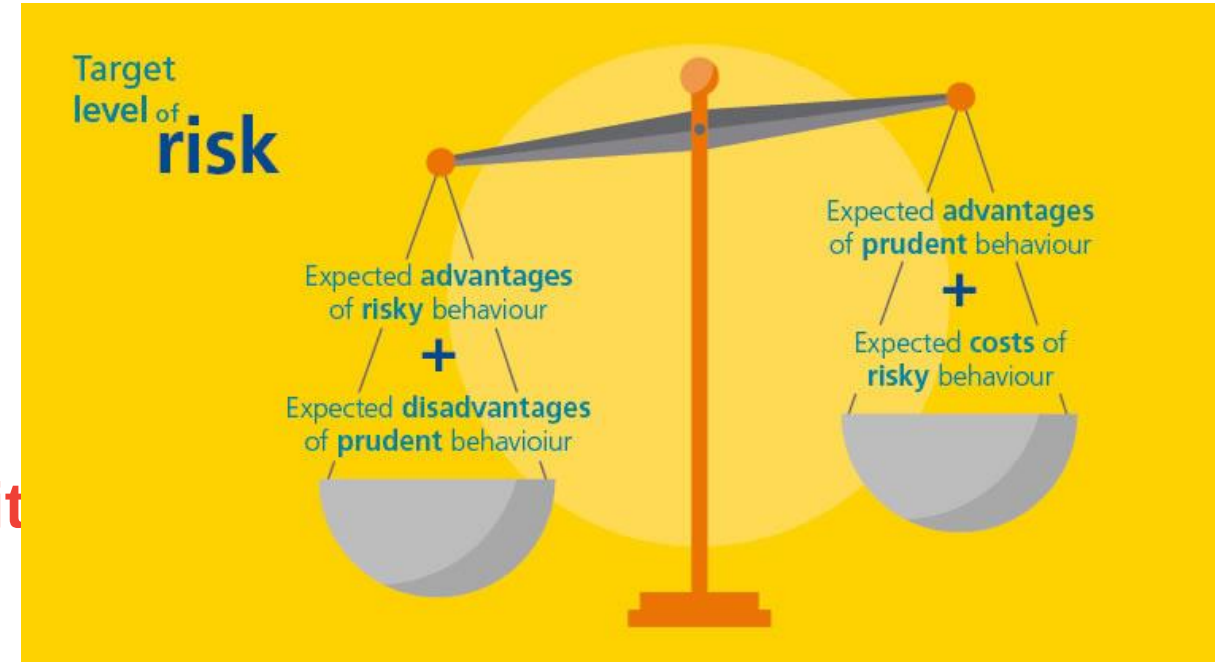
Naloxone is effective

- American Medical Association endorsed distribution to anyone at risk of having or witnessing an overdose
  - Surgeon General advisory April 2018
- From 1996 to 2014, at least 26,500 opioid overdoses in the U.S. were reversed by laypersons using naloxone NIDA
- In CA, counties with naloxone programs had an overall slower rate of growth in opioid overdose deaths than counties without a naloxone program Davidson PJ et al (prescribetoprevent.org)

Risk Compensation

- *"A theory which suggests that people typically adjust their behavior in response to the perceived level of **risk**, becoming more careful where they sense greater **risk** and less careful if they feel more protected"*

- A familiar concern…
  - *safe sex ed*
  - *HIV prophylaxis*
  - *needle exchanges*
  - *seatbelts*
  - *helmets*
- Societal public health **Cost vs. Benefit**



Overdose Education and Naloxone Distribution (OEND)

- Effectiveness
  - Those who received naloxone rescue kits as part of OEND had higher rates of calling 911, administering naloxone, and staying with the victim until help arrived (Dwyer et al., 2015)
  - Providers/staff has a generally positive reception of program (Samuels, 2014)
  - Reduces overdose at a population level, increases preparedness to respond effectively (Walley et al., 2013), ***levels of use do not change*** (e.g., Dwyer et al., 2015)
  - Reduces opioid-related ER and hospital visits, overdose events among chronic pain patients, ***prescribed dosage does not change*** (Coffin et al., 2016)

Potential impact

- May lead to safer opioid use
  - Ft. Bragg in NC averaged 8 overdoses per month. After initiating naloxone distribution, the rate dropped to ZERO – with no naloxone use reported
- Can increase communication, trust, openness
  - “By being able to offer something concrete to protect patients from the danger of overdose, I am given an opening to discuss the potential harms of opioids in a non-judgmental way.” – San Francisco PCP

Overdose risk

Any opioid for pain + renal/liver disease or other conditions

Any active illicit use

History of opioid overdose or sedation

Any opioid for pain + benzodiazepine or other sedative

Any opioid for pain + underlying mental health problem

Any opioid for pain + respiratory problems

History of alcohol/ other substance use disorder

High daily doses of opioids

Switching from one opioid to another

PrescribetoPrevent.org

How to assess for risk

- “In the past 6 months, have you taken any medications to help you calm down, keep from getting nervous or upset, raise your spirits, make you feel better, and the like?”
- “Have you been taking any medications to help you sleep? Have you been using alcohol for this purpose?”
- “Have you ever taken a medication to help you with a drug or alcohol problem?”
- “Have you ever taken a medication for a nervous stomach?”
- “Have you taken a medication to give you more energy or to cut down on your appetite?”
- “Have you ever been treated for a possible or suspected opioid overdose?”

SAMHSA Toolkit for Prescribers

Indications for naloxone prescription

- All patients prescribed long-term opioids
  - Many patients do not feel at risk Wilder CM, et al
    - Patients prescribed opioids INCLUDING high-risk persons with a hx of overdose, report their risk of overdose was 2 out of 10
    - Prescribing to all makes naloxone prescription about risky drugs, not risky people
  - Most dangerous risk
    - Long days supply
    - Long acting/extended release
    - High dose

Example OEND screening tool

Diagnosed with an opioid use disorder	2
Patient requests a Naloxone Rescue Kit due to risk of witnessing an overdose	2
The patient is ***prescribed an opioid analgesic and*** (at least one of the following):	
• the dose is greater than 100mg of morphine equivalents/day* or is an extended-release/long-acting formulation	1
• is prescribed an antidepressant or benzodiazepine	1
• has had ≥ 1 ED visits in past 6 months	1
• has a mental health diagnosis of bipolar disorder or schizophrenia	1
• has a recent history of a suicide attempt	2
• has COPD, asthma, emphysema, sleep apnea, or severe renal, hepatic, or cardiac disease	1
Total	

Score of 2 or more: overdose education and naloxone should be discussed and offered to patient
Score of 1: overdose education and naloxone can be offered if patient is interested
Score of 0: overdose education and naloxone not indicated

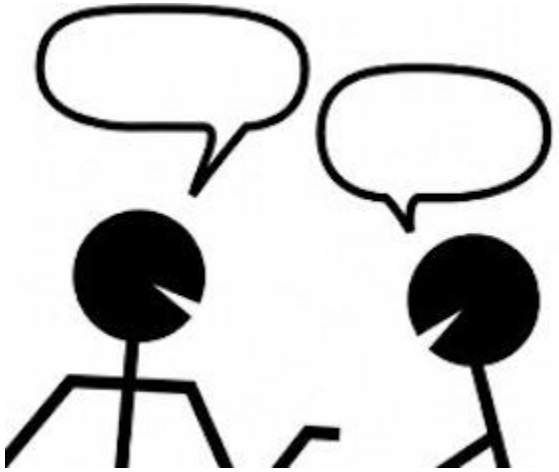
How can I incorporate OEND in my practice?

- SBIRT – Screening, Brief Intervention & Referral to Treatment
  - Billable
    - Commercial Insurance: CPT 99408 (15 to 30 minutes)
    - Medicare: G0396 (15 to 30 minutes)
    - Medicaid: H0050 (per 15 minutes)
  - DAST, AUDIT or other brief screening tool
    - Counsel on how to recognize overdose and administer
- Pharmacy access
  - Many do not stock naloxone but it can be easily ordered

Let's practice!

- Describe naloxone, the prescriber's role and naloxone program effectiveness in the community
- Give examples of how to ask questions patients can relate to
- Identify who is at risk

The conversation



- Use the time with your patient as an opportunity to:
  - Talk about risk factors
  - Discuss how to identify an overdose
  - Demonstrate how to administer naloxone
  - Emphasize this as standard practice; not a personal judgment
  - ***Educate families & friends when possible – people can't administer naloxone to themselves!****

Opioid safety language

- Patients may not identify with the term overdose. Try:
  - Overmedication
  - Accidental overdose
  - Opioid poisoning
  - Bad reaction
  - Opioid safety
    - Naloxone is the antidote to opioids and can be used if there is a bad reaction and you can’t be woken up
    - Opioids can sometimes slow or stop your breathing
    - Naloxone is for opioid medications like an epi pen is for someone with an allergy

“Keep yourself safe”

- Take only opioids prescribed to you, and as directed
- Make sure all prescribers know all your medications
- Don’t mix opioids with alcohol or other sedatives
- Keep all medications in a safe and secure location

What are risk factors for an overdose?

Chronic:

- Previous overdose
- History of substance use or misuse
- Previous suicide attempt
- Access to prescription drugs
- Witnessed a family member overdose
- High Rx opioid dose and/or sustained action

Acute:

- Period of abstinence= Decreased tolerance (Incarceration, detox, rehab, etc.)
- A change in amount or purity (e.g., fentanyl)
- Injecting
- Mixing opioids with other substances (CNS depressants)
- Using alone
- Being physically ill/respiratory disease
- Homeless in the past 90 days

Opioid Overdose Signs & Symptoms

Don't use alone

Breathing will be slow or absent

Lips and nails are blue

Person is not moving

Person may be choking

You can hear gurgling sounds or snoring

Can't be woken up

Skin feels cold and clammy

Pupils are tiny

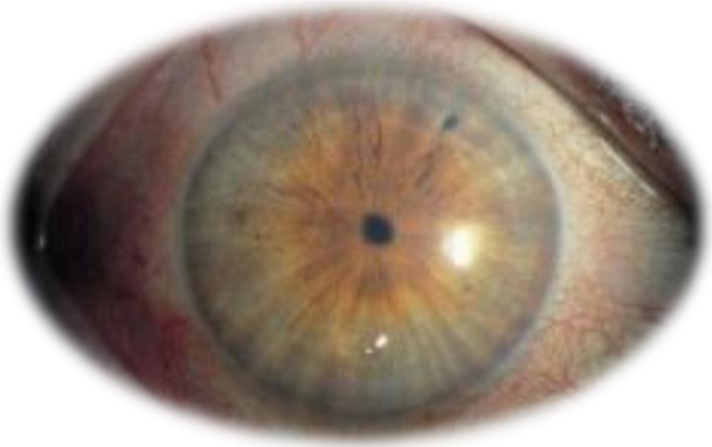
towardtheheart.com
A PROJECT OF THE PROVINCIAL HARM REDUCTION PROGRAM

CALL 9-1-1 IMMEDIATELY

Adapted from resources developed by OHRDP

Bottom line on opioid overdose (narcotic toxidrome):

- Depressed mental status or coma
- Ineffective or absent breathing
- Pinpoint pupils



What is Narcan?

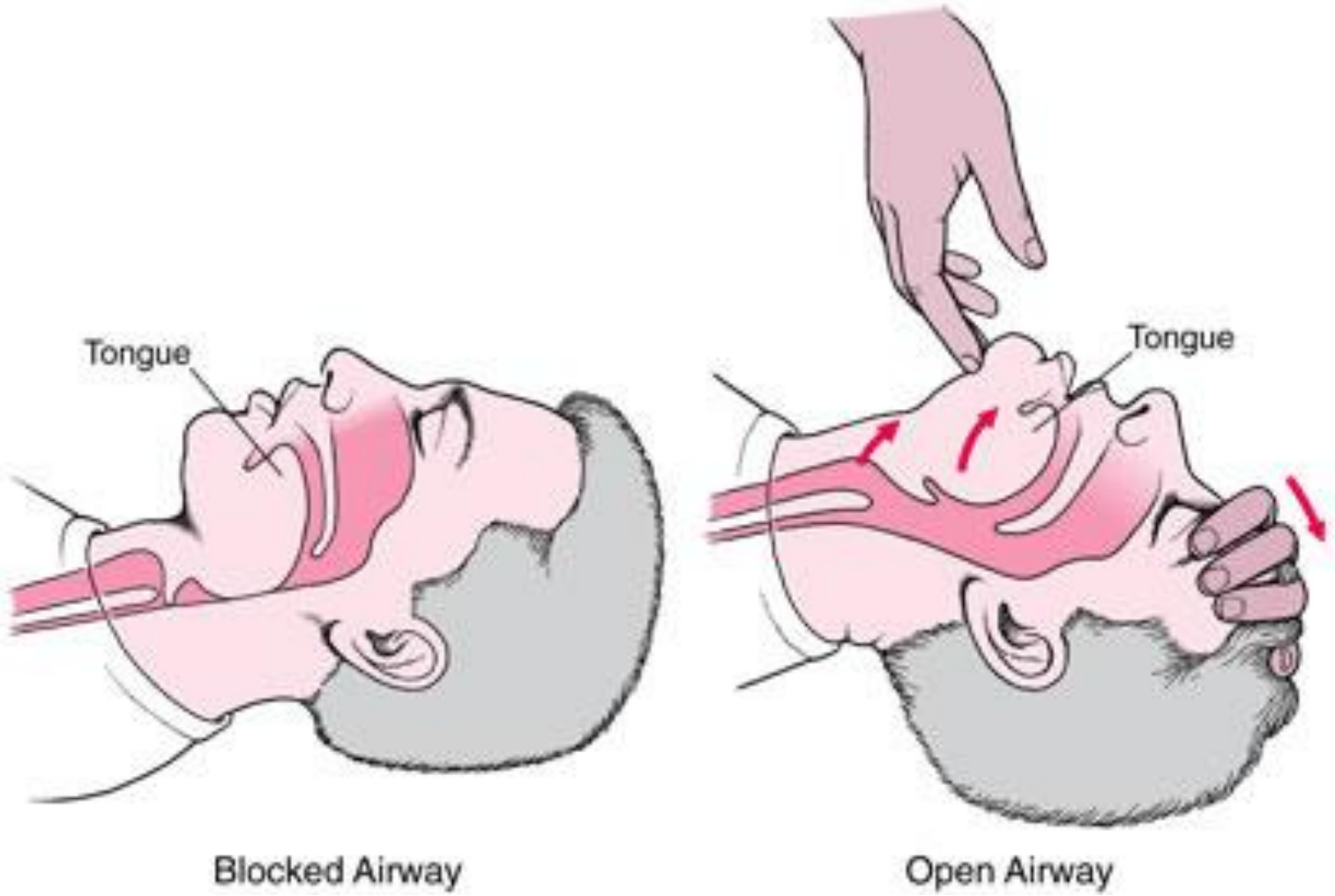
- Narcan® (naloxone) is a medication that reverses the effects of an opioid overdose
- Onset of action: 2-3 minutes
- Narcan's effects start to wear off after ~30 minutes and are gone by ~90 minutes. Average = 60 min
  - It's possible that someone can slip back in to an overdose state – which is why it's important to get immediate medical attention

Here's what to do if someone overdoses

1. Give 1 dose of Narcan nasal spray
2. Call 911
3. Administer rescue breaths/put in recovery position
4. Stay with the person
5. Give 2nd Narcan dose after 2-3 minutes if 1st dose is not successful

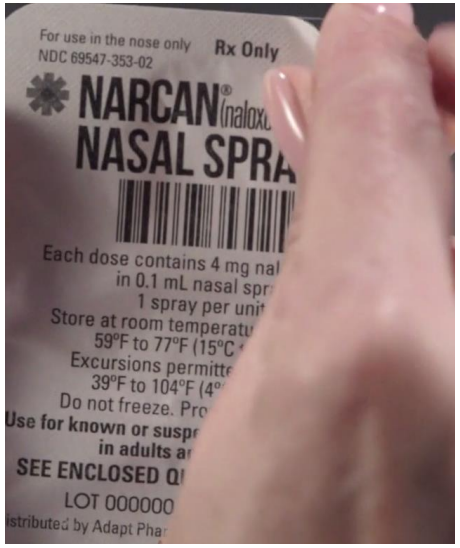
Airway tips

- Head-tilt/Chin-lift maneuver often lifts the tongue out of the way



How to use Narcan

1 **PEEL** back the package to remove the device.



How to use Narcan

Do not press plunger until you are ready to administer the dose

2 **PLACE** the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

How to use Narcan

3 **PRESS** the plunger firmly to release the dose into the patient's nose.

MO-HOPE Project

What happens after an overdose is reversed?

About 50% of administrations result in no negative side effects.

- Naloxone can precipitate withdrawals among those with physical dependence. These may manifest as:
  - Anger/Irritability (about 20%)
  - Withdrawal (about 19%)
  - Vomiting (about 7%)
  - Combative (about 4%)

Why have it?

- If you overdose, people around you will be able to save your life
- If someone else overdoses, you'll be able to save their life
- It is not dangerous and people can't get high from it
  - No harm will be done if it's used on someone who isn't overdosing

How to get and store naloxone

- Take prescription to the pharmacy and pick up your naloxone
- Keep the naloxone with you or your medication
  - Do not store it in the car
  - Try to keep it at room temperature
- Make sure others know where it is and how to use it!

Preventing a future overdose

- Co-prescription is the “gold standard” – it doesn’t mean we don’t trust you
  - You can still overdose when on MAT
- “If you choose to use…”
  - Be around others
  - Always have Narcan nearby (and someone who knows how to use it)
  - Test a small amount of a new product (e.g., “taste your shot”)
  - Be extra cautious after a period of abstinence/non-use - tolerance is depleted after 3-5 days

What happens if I use my naloxone?

- If it gets used, tell your prescriber
  - No punishment
  - Get a new dose of naloxone
- Naloxone is available at the pharmacy without an outside prescription if you or your family want additional doses
- Fill out the MO-HOPE overdose Field Report

Let's practice!

- Key points to having the overdose conversation with someone at risk
- Explain the risk factors for overdose
- Describe the symptoms of overdose
- Identify how to respond to an overdose

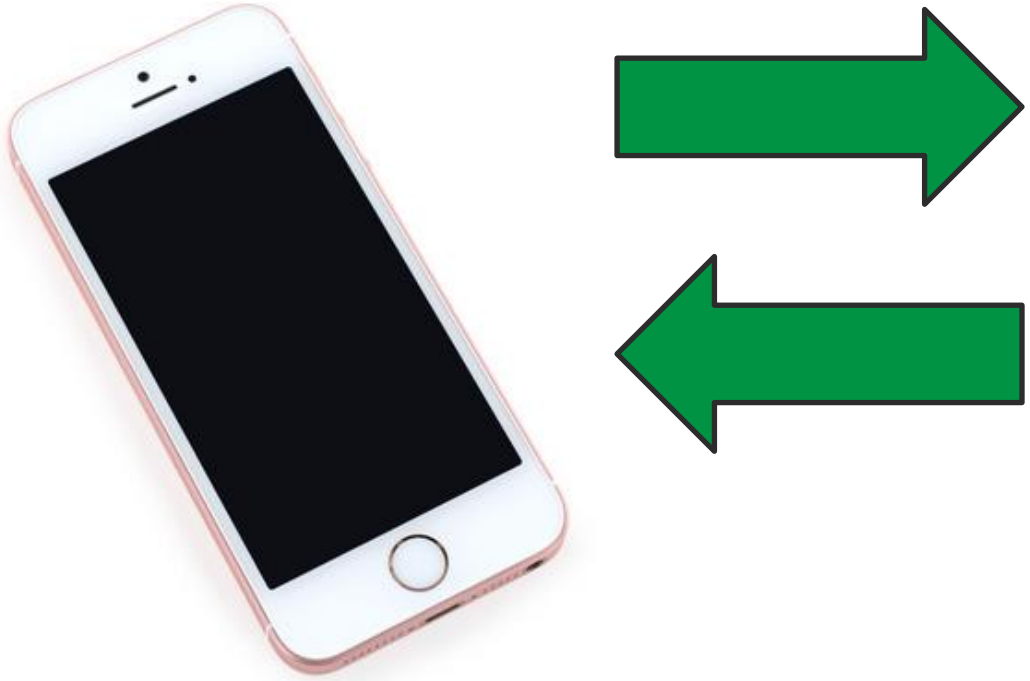
Your (very important) role in MO-HOPE project evaluation:

- Very minimal data on knowledge and attitudes related to overdose prevention, recognition, and response

- Currently no centralized figures in Missouri on overdose events and reversals – who, what, where, etc.
  - These figures = CRITICAL for better understanding overdose patterns and continuing to receive federal funding to provide more training and naloxone…

More knowledge in these areas = More effective training & intervention

The field report – what to expect:



1) Add this web link to your desktop:

mohopeproject.org/ODreport

2) After responding to an overdose, click on the link and complete the form

Agency, Zip, Sex, Age, Drugs involved, Use of Naloxone, etc.

3) Click "submit" and data will be sent to a secure database monitored by MIMH

Let's practice

- Set up the web link on your phone:

  mohopeproject.org/ODreport

- Complete the Field Report for the following scenario:
  - *It is 01-03-18 around 2:00pm. You arrive to your home in St. Charles, MO (zip code: 63304) to find your White, non-Hispanic, 22 year-old son* **(PLEASE SELECT "TEST/DEMO" OPTION)** *in what appeared to be a heroin overdose state so you administered one dose of Narcan nasal spray (4mg dose). He came out of the overdose and began vomiting. You call 911 and report that your son has received naloxone before and wait for EMS to arrive (they do not administer additional naloxone). Your son is then transported to a treatment facility. You have received overdose education and naloxone distribution training and were told about the field report from BARC treatment center.*

Please complete the survey below.

Thank you!

Para Español: www.mohopeproject.org/ODreportespanol

Date and time of the overdose event:

01-03-2018 14:00 Now M-D-Y H:M

M-D-Y H:M

What is your relationship to the person who overdosed?

- ○ Emergency Responder
- ○ Parent
- ○ Partner/ Spouse
- ○ Other family member (non-parent, non-partner)
- ○ Friend
- ○ Clinician/ Provider
- ○ Stranger
- ○ Self
- ○ Other
- ◉ Test/demo (for training purposes only)**

reset

****Please confirm this is a demo entry and NOT a report of an actual overdose event. Click "Yes" if this entry is for training purposes only.**

* must provide value

- ◉ Yes
- ○ No

reset

In what county did the overdose occur?

St. Charles

ZIP Code of overdose location:

63304

MO-HOPE Project

Incident Location:

- (•) A home/residence
- ( ) A treatment facility
- ( ) A public place
- ( ) Other

reset

Individual's city of primary residence (If known):

St. Charles

Enter name of the individual's city of primary residence. If applicable, write "Homeless" here.

Individual's state of primary residence (If known):

Missouri ▾

Individual's age:

- ( ) Under 18
- (•) 18-24
- ( ) 25-44
- ( ) 45-64
- ( ) 65+

reset

(If you are unsure, please give your best estimate)

Individual's sex:

- (•) Male
- ( ) Female
- ( ) Intersex
- ( ) Unsure

reset

Individual's race: (check all that apply)

- [x] White
- [ ] Black or African American
- [ ] Asian
- [ ] American Indian/Alaskan Native
- [ ] Native Hawaiian/Pacific Islander
- [ ] Other
- [ ] Unsure

(If uncertain, please select best guess AND "unsure")

Hispanic

- [ ] Yes
- [x] No
- [ ] Unsure

(If uncertain, please select best guess AND "unsure")

Type of drugs involved: (check all that apply)

- [x] Heroin
- [ ] Prescription painkiller
- [ ] Fentanyl
- [ ] Benzos (e.g., Xanax)
- [ ] Alcohol
- [ ] Other
- [x] Unsure

(If uncertain, please select best guess AND "unsure")

Was naloxone administered?

- (•) Yes
- ( ) No
- ( ) Unsure

reset

Naloxone was administered by:

- ( ) EMS
- ( ) Fire Crew
- ( ) Police
- ( ) Other emergency responder
- (•) Parent
- ( ) Partner/spouse
- ( ) Friend
- ( ) Family member (non-parent, non-partner)
- ( ) Clinician/provider
- ( ) Stranger
- ( ) Someone else

reset

What form of naloxone was administered?

- (●) AdaptPharma Narcan nasal spray
- ( ) Evzio auto-injector
- ( ) Other intranasal device (with vial and atomizer)
- ( ) Intravenously (IV)
- ( ) Other intramuscular device (with vial and syringe)
- ( ) Unsure

reset

If known, please specify the dose (mg) of AdaptPharma Narcan nasal spray:

- ( ) 2mg Narcan nasal spray
- (●) 4mg Narcan nasal spray
- ( ) Unsure

reset

How many doses of naloxone were given?

- (●) 1
- ( ) 2
- ( ) 3
- ( ) 4 +

reset

Did more than one person administer nalaoxone?

- ( ) Yes
- (●) No

reset

Was there is more than one form of naloxone administered?

- ( ) Yes
- (●) No

reset

Any post-naloxone withdrawal symptoms? (check all that apply)

- [ ] None
- [ ] Physically combative
- [ ] Irritable or angry
- [x] Vomiting
- [ ] Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes)
- [ ] Other

Was 911 called?

- (•) Yes
- ( ) No
- ( ) Unsure

reset

To the best of your knowledge, did the individual survive the overdose?

- (•) Yes
- ( ) No
- ( ) Unsure

reset

Was the individual transported to the hospital?

- ( ) Yes
- (•) No, escorted to treatment center
- ( ) No, escorted to a residence
- ( ) No, transported elsewhere
- ( ) No, declined transport
- ( ) Unsure
- ( ) N/A, deceased at scene

reset

Has this individual previously been administered naloxone?

- (●) Yes
- ( ) No
- ( ) Unsure

reset

Have you received overdose education and naloxone distribution training?

- (●) Yes
- ( ) No
- ( ) Unsure

reset

If yes, which agency provided you with training?

BARC Treatment Center

How did you hear about this field report?

- (●) A training
- ( ) A flyer
- ( ) MO-HOPE Website
- ( ) Other

reset

Submit

The specifics – data protection and informed consent:

- Your personal information and responses will not be shared with anyone outside of Evaluation project personnel
- Aggregated data will be reported and shared to inform project direction and scope
- If you have any concerns about completing the Field Report or asking patients to do so, please contact Claire Ward with MIMH immediately, as timely completion is a critical piece of our partnership agreement.

Questions?

Visit: www.MOHOPEproject.org

For questions about scheduling trainings, Narcan supply, or treatment resources, contact NCADA:

- Brandon Costerison (trainings, supplies)
  - Bcosterison@ncada-stl.org
  - (314) 962-3456 xt 315

- Nicole Browning, MA, LPC (treatment questions)
  - Nbrowning@ncada-stl.org
  - 314-962-3456 xt 366

For questions about evaluation (OD Field Reports), contact MIMH:

- Sandra Mayen
  - mohopeproject@mimh.edu
  - (314) 516-8414